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CONFIRMATION NO. 2174

|  |   |   |   |  |                                    |
|--|---|---|---|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/734,183   | <b>FILING OR 371(c)<br/>DATE</b><br>12/15/2003<br><b>RULE</b>   | <b>CLASS</b><br>349                                     | <b>GROUP ART UNIT</b><br>2871   | <b>ATTORNEY<br/>DOCKET NO.</b><br>8733.982.00-US |                                    |
| <b>APPLICANTS</b><br>Kyoung Sub Kim, Kumi-shi, KOREA, REPUBLIC OF;<br>Seok Hwan Oh, Kimcheon-shi, KOREA, REPUBLIC OF;  |   |   |   |  |                                    |
| <b>** CONTINUING DATA *****</b><br>4/1/04  |   |   |   |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br>REPUBLIC OF KOREA P2002-84627 12/26/2002 ✓   |   |   |   |  |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/23/2004</b>   |   |   |   |  |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR<br/>COUNTRY</b><br>KOREA,<br>REPUBLIC<br>OF | <b>SHEETS<br/>DRAWING</b><br>11   | <b>TOTAL<br/>CLAIMS</b><br>15                    | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>30827  |   |   |   |  |                                    |
| <b>TITLE</b><br>Liquid crystal display module and assembling method thereof  |   |   |   |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |